

## WELCOME TO A NEW SEASON OF



# Summer Sunday Spiking Volleyball League

The City of Reno Parks, Recreation, and Community Services Department invites you to play in our 2010 **SUMMER SUNDAY SPIKING VOLLEYBALL LEAGUE**. We will be accepting registrations from **Monday, March 15** through **Monday, June 14, 2010**.

#### League play will begin June 27, 2010.

#### **FEES AND SIGN-UPS:**

March 15 – June 14, 2010

Fees are **\$150** for a one (1) night per week league. Registration fees include ten (10) league games and a single elimination post-season tournament (tournament is limited to the top teams in each division). Payment methods are listed on the following page. **NO TEAM WILL BE ACCEPTED WITHOUT PAYMENT.** 

### **LEAGUES OFFERED:**

This is an open, recreational, SPIKING volleyball league. While we will do our best to accommodate team preferences, no divisions are guaranteed.

MANAGER'S MEETING: Attendance at a manager's meeting is <u>MANDATORY</u>. Manager's Meeting will be Tuesday, June 22, 2010 at 7pm. The Manager's Meeting will be held at the Northeast Community Center, 1301 Valley Road.

## **LEAGUE INFORMATION:**

A minimum of 2 players and a maximum of 6 players are allowed on the court.
 There is a maximum roster of 10 people per team.

## **GAME LOCATIONS AND TIMES**:

- Games will be played at Plumas Gym, 475 Monroe Avenue.
- Game times can begin as early as 8:00am depending upon league size.

## **REQUIREMENTS TO PARTICIPATE:**

- Teams will be accepted only when:
  - ✓ All fees are paid.
  - ✓ The team registration form is submitted with complete and detailed information PRIOR TO THE REGISTRATION DEADLINE.
  - ✓ Attendance at Manager's Meeting.

#### **PAYMENT:**

You may choose any one of the following ways to pay your fees:

- 1. Payment may be made in person by cash, check, or charge (Visa or MasterCard only) at the Evelyn Mount Northeast Community Center, located at 1301 Valley Road, Monday through Friday, 7 am to 8 pm; Saturday and Sunday 9 am to 4 pm.
- 2. Payment may be made through the mail, by check or charge (Visa or MasterCard only) by mailing your registration material and payment method to the Evelyn Mount Northeast Community Center, 1301 Valley Rd., Reno, NV 89512, Attention: Athletics. Please make checks payable to the City of Reno. Please note the City of Reno is not responsible for lost and/or misdirected mail.
- 3. You may fax the registration information, with a credit card payment to 326-6677.

If paying by credit card, please complete and return the bottom portion of this notice. WE MUST HAVE THE SIGNATURE OF THE CARD HOLDER IN ORDER TO PROCESS THE PAYMENT.

#### **IMPORTANT REMINDERS:**

- Please complete the registration form <u>completely</u>, listing both a manager and comanager with phone numbers so we can notify someone in case of game cancellations and schedule changes.
- Parks, Recreation, and Community Services Department: Evelyn Mount Northeast Community Center, 1301 Valley Road, Reno, NV 89512.
- Deadline to register Monday, June 14, 2010. Registration will be accepted on a first-come, first served basis.

### Questions? Please call the Athletics Office at 334-2262

Credit Card Information (Circle One):	Visa	MasterCard
Account #:	Expiration Date:	Amount Paid:
Name as Shown on Account:		_
Customer's Signature:		
Card Holder's Street Address:		Zip Code:

## CITY OF RENO 2010 SUMMER SUNDAY SPIKING VOLLEYBALL TEAM REGISTRATION FORM

Team Name:			New Team	
Team Name Last Year:			Returning Team	
MANAGER:				
Home Address		City:	Zip Code:	
Cell Phone: Home Phone:		Work Phone:		
E-mail:				
CO-MANAGER:				
			Zip Code:	
Cell Phone:	Home Phone:		Work Phone:	
LEAGUE PREFERENCE: (Circle One)			FOR FRONT DESK USE ONLY	
			Input into Class #	
(A Division)	(B Division)	(C Division)	By League Fee Paid \$	
STRONGER		WEAKER	Receipt #(s)	
FEES:				
Regular Registration (3/10 –6/14/10)		Late Registration (6/15 – 6/26/10)		
\$150.00		\$200.00		
Course # 60810		Course # 60811		
		Waiver and Relea	ase	
child/ward sustains person Recreation & Community Assumption of the Rist ability of myself and my condition and I assume on behalf of Effect: I understand that accident or illness, the Coparent, guardian or emergy Team Responsibility Solve all league rules and reproperty of others, as we I acknowledge that I will described therein. I unde I further understand that	snal injury or property damage as Services Department, that the Cit is I understand that it is my respectively ward to safely participate in f myself and my child/ward all rist this Waiver and Release is bindity of Reno staff has permission expency contact.  **tatement: I,	s a result of participaty of Reno and its emponsibility to inquire about the program. I further ing as to my family more above team will be an any activity in which the program policy infort from the league a result to edit team names.	my parents and my children, agree that in the event I or my ation in any program offered through the City of Reno, Parks, ployees will not be liable for such injury or damage. bout the parameters of a program's activities and to assess the er understand that certain activities are potentially dangerous, inticipation in any program.  members, heirs and executors. In case of medical emergency, tention as deemed necessary and staff will communicate with	
Signature				